

Fill in this information to identify the case:Debtor name Cal Neva Lodge, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIACase number (if known) 16-bk-10514☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:
Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. Total personal property:
Copy line 91A from *Schedule A/B*..... \$ 10,707,440.00

1c. Total of all property:
Copy line 92 from *Schedule A/B*..... \$ 10,707,440.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 7,011,558.82

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 9,445,098.58

4. Total liabilities
Lines 2 + 3a + 3b \$ 27,164,097.40

Fill in this information to identify the case:Debtor name Cal Neva Lodge, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIACase number (if known) 16-bk-10514☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. Wells Fargo	Checking	4100	\$0.00
3.2. Wells Fargo	Savings	0376	\$0.00
3.3. Community Bank	Checking	3932	\$62.00
3.4. Wells Fargo	Checking	2244	\$7,378.00

4. Other cash equivalents (Identify all)**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$7,440.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Debtor Cal Neva Lodge, LLC
NameCase number (if known) 16-bk-10514**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14.	Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:		
15.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity:	% of ownership	
15.1.	New Cal-Neva Lodge LLC	100 %	\$10,700,000

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1
Describe:

17. Total of Part 4.

Add lines 14 through 16. Copy the total to line 83.

\$10,700,000**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Debtor Cal Neva Lodge, LLC
NameCase number (if known) 16-bk-10514**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Debtor has an indirect beneficial interest in the real property and improvements thereon generally described as 9898 Lake Street, Kings Beach, California ("Property"), pursuant to an exchange agreement, whereby title to the Property was to be transferred to CR Lake Tahoe, LLC in exchange for a 6.67% membership interest in the Debtor. Debtor indirectly owns 100% of CR Lake Tahoe, LLC. Debtor believes the equity in the Property is valued at approximately \$1.5 million as of the petition date. Debtor reserves all rights to pursue a claim to obtain title to the Property.

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$7,440.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$0.00	
83. Investments. Copy line 17, Part 4.	\$10,700,000.00	
84. Inventory. Copy line 23, Part 5.	\$0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00	
88. Real property. Copy line 56, Part 9.....>		\$0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90. All other assets. Copy line 78, Part 11.	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$10,707,440.00 + 91b.	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$10,707,440.00

Fill in this information to identify the case:Debtor name Cal Neva Lodge, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIACase number (if known) 16-bk-10514☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Column B

Amount of claim

Value of collateral that supports this claim

Do not deduct the value of collateral.

2.1 Ladera Development, LLC

Creditor's Name

Describe debtor's property that is subject to a lien

\$7,011,558.82\$10,700,00016475 Bordeaux
Reno, NV 89511

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Date debt was incurred

10/1/2014

Last 4 digits of account number

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$7,011,558.82**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name Cal Neva Lodge, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIACase number (if known) 16-bk-10514☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Dept Of Employment Training & Rehab Employment Security Division 500 East Third Street Carson City, NV 89713 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.2	Priority creditor's name and mailing address Employment Development Dept Bankruptcy Group MIC 92E P.O. Box 826880 Sacramento, CA 94280-0001 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.3	Priority creditor's name and mailing address Franchise Tax Board Bankruptcy Section, MS A-340 P.O. Box 2952 Sacramento, CA 95812-2952 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

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2.4	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$0.00</u>	<u>\$0.00</u>
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Date or dates debt was incurred

Basis for the claim:

Notice Only

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No
☐ Yes

2.5	Priority creditor's name and mailing address Nevada Department Of Taxation Bankruptcy Section 4600 Kietzke Lane Suite L 235 Reno, NV 89502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$0.00</u>	<u>\$0.00</u>
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Date or dates debt was incurred

Basis for the claim:

Notice Only

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No
☐ Yes

2.6	Priority creditor's name and mailing address Nevada Dept Of Taxation Bankruptcy Section 555 E Washington Ave #1300 Las Vegas, NV 89101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$0.00</u>	<u>\$0.00</u>
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Date or dates debt was incurred

Basis for the claim:

Notice Only

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No
☐ Yes

2.7	Priority creditor's name and mailing address State Board Of Equalization Account Analysis & Control Sct, MIC 29 P.O. Box 942879 Sacramento, CA 94279-0029	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$0.00</u>	<u>\$0.00</u>
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Date or dates debt was incurred _____

Basis for the claim:

Notice Only

Last 4 digits of account number _____

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No
☐ Yes**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Advance Installations Inc. P.O. Box 2163 Sparks, NV 89432-2163 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$22,285.35
3.2	Nonpriority creditor's name and mailing address Affordable Linen Services LLC P.O. Box 817 Kings Beach, CA 96143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$127.47
3.3	Nonpriority creditor's name and mailing address Alert Security 11140 SW Barbur Blvd. Suite 105 Portland, OR 97219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$28,111.75
3.4	Nonpriority creditor's name and mailing address ALSCO 2535 East 5th Street Reno, NV 89512 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$71.70
3.5	Nonpriority creditor's name and mailing address Arbor Care of Tahoe P.O. Box 6239 Tahoe City, CA 96145 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,920.00
3.6	Nonpriority creditor's name and mailing address AT & T P.O. Box 5025 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$149.33

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3.7	Nonpriority creditor's name and mailing address Belfor Environmental 50 Artisan Means Way, Suite B Reno, NV 89511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,742.11
3.8	Nonpriority creditor's name and mailing address Bray Whaler Inc. 7936 East Arapahoe Court Suite 1000 Centennial, CO 80112-1371 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,826.95
3.9	Nonpriority creditor's name and mailing address Bright Business Media LLC 475 Gate 5 Road Suite 235 Sausalito, CA 94965 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
3.10	Nonpriority creditor's name and mailing address Capitol Corprate Services P.O. Box 1831 Austin, TX 78767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00
3.11	Nonpriority creditor's name and mailing address Capitol One Mortgage Payment Payment Processing P.O. Box 17000 Baltimore, MD 21297-1000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114,421.45
3.12	Nonpriority creditor's name and mailing address Case Development Service LLC 546 Whisperwood Drive Dadeville, AL 36853 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84,626.68
3.13	Nonpriority creditor's name and mailing address Charter Business P.O. Box 60188 Los Angeles, CA 90060-0188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$680.03
3.14	Nonpriority creditor's name and mailing address Collaborative Design Studio 9444 Double R Blvd. Suite B Reno, NV 89521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158,287.64

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3.16	Nonpriority creditor's name and mailing address Craig Roberts Associates 4230 Avondale Avenue Suite 202 Dallas, TX 75219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,151.63 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Criswell Associates c/o William Criswell 42904 Calle Roble Murrieta, CA 92562 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,739.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address Criswell Radovan 1336 Oak Avenue, Suite D Saint Helena, CA 94574 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$409,261.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address Dale Cox Architects P.O. Box 459 Truckee, CA 96160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,105.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Dimension 4 21 Locust Avenue Mill Valley, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$452,306.86 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address Eighme, Jim 1360 Zurich Lane Incline Village, NV 89451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,416.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address Galager, Arthur J. Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,823.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.23	Nonpriority creditor's name and mailing address Galaxy Hotel Systems 15621 Red Hill Avenue Suite 100 Tustin, CA 92780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,596.43
3.24	Nonpriority creditor's name and mailing address Gary David Group P.O. Box 7409 Tahoe City, CA 96145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,175.05
3.25	Nonpriority creditor's name and mailing address Glodow Nead Communications 1700 Montgomery St Suite 203 San Francisco, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97,529.87
3.26	Nonpriority creditor's name and mailing address Gold County Termite Control P.O. Box 1624 Grass Valley, CA 95945 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.27	Nonpriority creditor's name and mailing address Hall, Thomas J. 305 South Arlington Avenue Reno, NV 89501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.50
3.28	Nonpriority creditor's name and mailing address High Sierra Elevator Inspections 6440 Sky Pointe Dr. Suite 140-124 Las Vegas, NV 89131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
3.29	Nonpriority creditor's name and mailing address Hill Planning Inc. P.O. Box 6139 Incline Village, NV 89450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,311.00
3.30	Nonpriority creditor's name and mailing address Hill, Heather 6133 Amie Drive Windsor, CA 95492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,000.00

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3.31	Nonpriority creditor's name and mailing address Hinckley, Allen & Snyder 28 State Street Boston, MA 02109-1775 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,536.00
3.32	Nonpriority creditor's name and mailing address Hospitality Careers Online Inc. c/o Commerce Bank P.O. Box 673682 Detroit, MI 48267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,699.00
3.33	Nonpriority creditor's name and mailing address IPFS Corporation P.O. Box 730223 Dallas, TX 75373-0223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,269.81
3.34	Nonpriority creditor's name and mailing address JKGD Architecture Engineering P.O. Box 7409 Tahoe City, CA 96145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,543.36
3.35	Nonpriority creditor's name and mailing address Koch Elevator Co. 561 Sunshine Lane Reno, NV 89502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,517.85
3.36	Nonpriority creditor's name and mailing address Kolesar & Leatham 400 South Rampart Suite 400 Las Vegas, NV 89145-5725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$382.50
3.37	Nonpriority creditor's name and mailing address Law Offices Of Thomas J. Hall 305 Arlington Avenue Reno, NV 89501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,796.75
3.38	Nonpriority creditor's name and mailing address Lifescapes International Inc. 4930 Campus Drive Newport Beach, CA 92660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,118.00

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3.39	Nonpriority creditor's name and mailing address Lisa Monroe & Associates Inc. P.O. Box 2252 Sparks, NV 89432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.40	Nonpriority creditor's name and mailing address Lumos & Associates 800 East College Parkway Carson City, NV 89706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,864.74
3.41	Nonpriority creditor's name and mailing address Marriner, Dave Marriner Estate P.O. Box 4123 Incline Village, NV 89450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,525.75
3.42	Nonpriority creditor's name and mailing address Moulin, Xavier Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103,482.35
3.43	Nonpriority creditor's name and mailing address National Corporate Research Ltd. 600 Wilshire Blvd., Suite 980 Los Angeles, CA 90017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.00
3.44	Nonpriority creditor's name and mailing address Nevada Secretary Of State 202 North Carson Street Carson City, NV 89701-4201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
3.45	Nonpriority creditor's name and mailing address New Cal-Neva Lodge, LLC 1336 Oak Avenue, Suite D Saint Helena, CA 94874 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.46	Nonpriority creditor's name and mailing address New World Concept Group 1226 SW 15 Street Miami, FL 33145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,086.55

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3.47	Nonpriority creditor's name and mailing address NEXTIVA Inc. 8800 East Chaparral Road Suite 300 Scottsdale, AZ 85250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16,645.29</u>
3.48	Nonpriority creditor's name and mailing address North Lake Tahoe Fire Protection District 866 Oriole Way Incline Village, NV 89451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,418.05</u>
3.49	Nonpriority creditor's name and mailing address North Lake Tahoe Chamber P.O. Box 1757 Tahoe City, CA 96145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$270.41</u>
3.50	Nonpriority creditor's name and mailing address North Shore Ace Hardware 200 Secline St. Kings Beach, CA 96143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$435.64</u>
3.51	Nonpriority creditor's name and mailing address North Tahoe Business Assoc 8401 N. Lake Blvd. Kings Beach, CA 96143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$250.00</u>
3.52	Nonpriority creditor's name and mailing address North Tahoe Public Utility District P.O. Box 139 Tahoe Vista, CA 96148-0139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$566.46</u>
3.53	Nonpriority creditor's name and mailing address Northstar Demolition 404 North Berry Street Brea, CA 92821-3104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$96,201.18</u>
3.54	Nonpriority creditor's name and mailing address NV Energy P.O. Box 10100 Reno, NV 89520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,847.56</u>

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3.55	Nonpriority creditor's name and mailing address Okubo, Marx 455 Sherman Street Suite 200 Denver, CO 80203-4428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,695.36
3.56	Nonpriority creditor's name and mailing address Pacey, Lisa 3901 Young Avenue Napa, CA 94558 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,000.00
3.57	Nonpriority creditor's name and mailing address Paul Duesing Partners 2600 Fairmont Street Bernward House Dallas, TX 75201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,380.88
3.58	Nonpriority creditor's name and mailing address Pezonella Associates Inc. 520 Edison Way Reno, NV 89502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,609.25
3.59	Nonpriority creditor's name and mailing address Powell Coleman & Arnold Llp 8080 North Central Expressway Ste 1380 Dallas, TX 75206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,157.00
3.60	Nonpriority creditor's name and mailing address Quick Space 820 Marietta Way Sparks, NV 89431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$474.00
3.61	Nonpriority creditor's name and mailing address Ricca Design 5325 South Valentia Way Greenwood Village, CO 80111-3155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$855.00
3.62	Nonpriority creditor's name and mailing address Rothgerber, Lewis Roca 3993 Howard Hughes Parkway Suite 600 Las Vegas, NV 89169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,135.50

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3.63	Nonpriority creditor's name and mailing address Sabre Hospitality Solutions 7285 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.00
3.64	Nonpriority creditor's name and mailing address Sky Fiber Internet 8975 Double Diamond Pkwy Suite 9 Reno, NV 89521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.65	Nonpriority creditor's name and mailing address Smart Meeting 475 Gate 5 Road Sausalito, CA 94965 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
3.66	Nonpriority creditor's name and mailing address Southwest Gas Corporation P.O. Box 98890 Las Vegas, NV 89193-8890 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,907.14
3.67	Nonpriority creditor's name and mailing address Spectrum CPA Group LLP 250 NW Franklin Suite 403 Bend, OR 97701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,485.79
3.68	Nonpriority creditor's name and mailing address Star Reports 735 East Main Street Hendersonville, TN 37075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.00
3.69	Nonpriority creditor's name and mailing address Starwood Hotels & Resort Worldwide Inc. File 742043 P.O. Box 742043 Los Angeles, CA 90074-2043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,278.39
3.70	Nonpriority creditor's name and mailing address SWRCB Storm Water Section P.O. Box 1977 Sacramento, CA 95812-1977 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$513.00

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<div style="border: 1px solid black; padding: 2px; width: 50px; float: left;">3.71</div> <div style="clear: both;"></div> <p>Nonpriority creditor's name and mailing address Tahoe Tech Group P.O. Box 574 Kings Beach, CA 96143</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. \$35.00</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 2px; width: 50px; float: left;">3.72</div> <div style="clear: both;"></div> <p>Nonpriority creditor's name and mailing address Tahoe Truckee Sanitation 13720 Butterfield Dr. Truckee, CA 96161</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. \$448.59</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 2px; width: 50px; float: left;">3.73</div> <div style="clear: both;"></div> <p>Nonpriority creditor's name and mailing address Thannisch Development Services Inc. 2775 Old Milton Parkway Suite 200 Alpharetta, GA 30004</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. \$82,039.69</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 2px; width: 50px; float: left;">3.74</div> <div style="clear: both;"></div> <p>Nonpriority creditor's name and mailing address The Penta Building Group 181 East Warm Springs Road Las Vegas, NV 89119</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. \$7,119,902.80</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 2px; width: 50px; float: left;">3.75</div> <div style="clear: both;"></div> <p>Nonpriority creditor's name and mailing address USPS P.O. Box Fee Payment</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. \$310.00</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 2px; width: 50px; float: left;">3.76</div> <div style="clear: both;"></div> <p>Nonpriority creditor's name and mailing address Verizon P.O. Box 660794 Dallas, TX 75266-0794</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. \$240.87</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 2px; width: 50px; float: left;">3.77</div> <div style="clear: both;"></div> <p>Nonpriority creditor's name and mailing address Vision Control Assoc Of Nevada Inc. P.O. Box 335250 North Las Vegas, NV 89033</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. \$23,724.48</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 2px; width: 50px; float: left;">3.78</div> <div style="clear: both;"></div> <p>Nonpriority creditor's name and mailing address Weig, Rozlynn Lilliana P.O. Box 332 Crystal Bay, NV 89402</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. \$2,666.00</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Cal Neva Lodge, LLC
NameCase number (if known) 16-bk-10514**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ \$9,445,098.58
5c.	\$ \$9,445,098.58

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
SANTA ROSA DIVISION

In re:
Cal Neva Lodge, LLC

Case No. 16-10514 TEC

NOTE TO SCHEDULE E/F: CREDITORS WHO HAVE UNSECURED CLAIMS

Cal Neva Lodge, LLC is a Nevada limited liability company ("Debtor"). Debtor filed its chapter 11 petition on June 10, 2016 (the "Petition Date").

In the interests of full disclosure and in order to provide creditors and parties in interest with a more complete understanding of Debtor's Schedule E/F, Debtor provides this additional note explaining the status and nature of unsecured claims against Debtor.

Debtor owns 100% of the membership interests in a separate limited liability company, New Cal-Neve Lodge, LLC, a Nevada limited liability company ("Property Owner LLC"). Property Owner LLC (not Debtor) owns the real property and improvements thereon generally described as the Cal Neva Resort and Lodge, located on the border of California and Nevada at Lake Tahoe (the "Property").

Property Owner LLC acquired the Property in 2013. Since the acquisition of the Property (except for certain funds received in 2016 on account of certain Condominium Purchase Discount Agreements (the "Condo Agreements")), 100% of all income/revenues/monies received on account of or generated by the Property belong to and are allocable to the Property Owner LLC. Debtor has no income of its own and has not generated any income/revenue/monies (except for funds received in 2016 on account of the Condo Agreements) since the time the Property was acquired in 2013. Notwithstanding, pre-bankruptcy, substantially all bills/expenses for the Property were paid through a bank account in the name of Debtor, which account held only funds owned by and attributable to Property Owner LLC. In sum, Debtor's bank account was used as a conduit for the payment of all bills/expenses/claims of and against the Property, all of which bills/expenses/claims are attributable to Property Owner LLC, not Debtor. This arrangement ceased as of the Petition Date, and post-petition, all bills/expenses/claims of the Property are and will be paid out of bank accounts in the name of Property Owner LLC, as and when funds are available.

On the attached Schedule F, for those scheduled claims where Debtor believes (and evidence supports) that the claim is against Property Owner LLC and not Debtor, Debtor has indicated that such claims are contingent and disputed. Debtor is listing such claims in an abundance of caution and to otherwise provide notice to such parties along with the opportunity to file a claim in the bankruptcy case if they believe that they have a legal right to assert a claim against Debtor. For those scheduled claims that Debtor **has not indicated** that such claims are contingent and disputed, Debtor believes that such claims (and evidence supports) the claim against Debtor, or jointly against Debtor and Property Owner LLC.

If Schedule F indicates your claim as contingent and disputed and you believe that you have an allowable claim against Debtor, you may wish to file a proof of claim with the Bankruptcy Court to preserve your claim, and/or discuss the matter with your own counsel.

Fill in this information to identify the case:Debtor name Cal Neva Lodge, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIACase number (if known) 16-bk-10514☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Condominium Purchase Discount Agreement**State the term remaining **N/A**

List the contract number of any government contract

Michael Dixsen2.2. State what the contract or lease is for and the nature of the debtor's interest **Condominium Purchase Discount Agreement**State the term remaining **N/A**

List the contract number of any government contract

Brandyn Iverson2.3. State what the contract or lease is for and the nature of the debtor's interest **Condominium Purchase Discount Agreement**State the term remaining **N/A**

List the contract number of any government contract

Charles Munnerlyn2.4. State what the contract or lease is for and the nature of the debtor's interest **Condominium Purchase Discount Agreement**State the term remaining **N/A**

List the contract number of any government contract

Paul Jameson

Debtor 1 Cal Neva Lodge, LLC
 First Name Middle Name Last Name

Case number (if known) 1:16-bk-10514

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Exchange Agreement
RE 9898 Lake Street
Kings Beach, CA**

State the term remaining **N/A**

List the contract number of any government contract

Paul and Evy Paye, LLC

2.6. State what the contract or lease is for and the nature of the debtor's interest **Monthly internet**

State the term remaining **Ongoing**

List the contract number of any government contract

**Sky Fiber Internet
8975 Double Diamond Pkwy., Suite 9
Reno, NV 89521**

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
SANTA ROSA DIVISION**

In re:
Cal Neva Lodge, LLC

Case No. 16-10514 TEC

NOTE TO SCHEDULE G: EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Cal Neva Lodge, LLC is a Nevada limited liability company ("Debtor"). Debtor filed its chapter 11 petition on June 10, 2016 (the "Petition Date").

PLEASE TAKE NOTICE that Debtor's scheduling of executory contracts on Schedule G is not an admission by Debtor that such contract is in fact executory or unexpired.

Fill in this information to identify the case:Debtor name Cal Neva Lodge, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIACase number (if known) 16-bk-10514☐ Check if this is an amended filing**Official Form 206H****Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	<i>Check all schedules that apply:</i>
2.1 New Cal-Neva Lodge, LLC	1336 Oak Avenue, Suite D Saint Helena, CA 94574	Ladera Development, LLC	<input checked="" type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:Debtor name Cal Neva Lodge, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIACase number (if known) 16-bk-10514☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☒ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☒ Schedule H: Codebtors (Official Form 206H)
- ☒ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☒ Amended Schedule List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

6/24/16

x

Signature of individual signing on behalf of debtor

Robert Radovan

Printed name

Vice President of CR Cal Neva, LLC-Manager of Cal Neva Lodge, LLC

Position or relationship to debtor